# FORM G:   Other Interventions*

**Date: _____**

## – Process Monitoring –
## Jurisdiction Aggregate Form

| | Complete a *separate* form for *each* type of "Other  Intervention" | | |
|---|---|---|---|
| **Risk Population** | **[3]  Primary Population** | **[4]  Secondary Population** | |
| Mark the risk population this form describes.  If an intervention serves multiple risk populations, choose one primary and one secondary risk population. *[See instructions for distinguishing between primary and secondary risk populations.]* | ○ MSM<br>○ MSM/IDU<br>○ IDU<br>○ Heterosexual<br>○ Mother with/at risk for HIV<br>○ General Public | ○ MSM<br>○ MSM/IDU<br>○ IDU<br>○ Heterosexual<br>○ Mother with/at risk for HIV<br>○ General Public | |

**[1]   Jurisdiction ID**: _____

**[2]   Number of other interventions
this form describes:**                              _____

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**[5]                                Provide statewide definitions or guidelines for this type of other intervention:**

a)   State definition of other interventions



b)   Describe planning activities for other interventions



c)   Describe evaluation activities for other interventions

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**[6]                     Number of agencies participating in other interventions by type of agency.**

| | | | | | | |
|---|---|---|---|---|---|---|
| CBO - Minority Board | _____ | State Health Department | _____ | Academic Institution | _____ | Individual            _____ |
| CBO - Non-Minority Board | _____ | Local Health Department | _____ | Research Center | _____ | Other Agency         _____ |
| Faith Community | _____ | Other Government | _____ | | | *(please specify)* |

_____

*Use these variables for all interventions not reflected by the other six intervention types (see *Instructions* and Example Forms A - F).

**[20]** **Describe the major concrete accomplishments for this particular type of Other Intervention** (e.g., enhanced accessibility to HIV prevention services, creation of consortiums, community or policy changes, etc.)**:**

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**[7]   Staffing and Expenditures**

**Number of full-time equivalent staff providing other interventions whose salary is funded by CDC:**                                          _____

**Number of volunteers providing other interventions:**                                          _____

**CDC Announcement 99004 HIV Prevention funds that were expended for carrying out all aspects of other interventions:**                     $_____